Commonwealth of Virginia DEPARTMENT OF CORRECTIONS

DOC 712 Revised 11/93

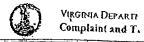
MEDICAL TRANSFER COMMENTS

Name: DELANKY GEORGE		_ Number: <u>374390</u>	
Date: 5/15/08		Medical Class: A-J2	E
Allergies: NKDA		_ DNA: <u>8-29-07</u>	
·		TET: 8-22-07	
		PPD: Hy past (PP)	J TX PBI
•		CXR: 8-22-07	
Comments:			
Current Medical problems requiring attention:			
Illcerative Colitis -I		n on low residue	is diet
Colostomy 1997- Rever	(See mcv not	<u>e)</u>	
Colectomy 2003	SEIX		
\(\frac{1}{\lambda}\) \(\frac{1}{\lambda}\)			
Chronic Constipation			
Current Medications:			
Netamiril TOKTIN802H20 bid#	<u> 42 </u>	Amount Sent:	
place 100mx bid #41			
Tylenol-500m in tid pan #10	77		
300stdRink+cantid			
AVERNO HAR LLAD (ON BRISON)	1-1-1		
Avacablotion UAD (ON DERSON)	\ _ \		
Pending Appointments, Prosthesis on order, etc.:) 1		
Tostnesis on order, etc.:			
			
	The state of the s		
	Signed:	Som)	
		Name/Title (5.10)	
	Facility:	Phone Number/997-7	1000



VIRGINIA DEPARTMENT OF CC ... TIONS
Intrasystem Transfer Medica. Review, DOC 726-B

Offender Name	Offende	er Number	Date	
374390		, George	5-16-08	
Received At GRCC-S3	Received From ACC		Phenergan Allergies (S)	
Medical Code	Locat	ion Code	Mental Health Code	
AIR			mH-O	
Last PPD (Date and Results)	_	etanus Diphtheria	DNA Drawn	
Past 1984	8-23	1-07	No: Yes: M Date: 8-2907	
Vital Signs			Special Diet	
Temperature: <u>98.3</u> Pulse: <u>80</u> Res	piration: <u>/8</u>	Yes: No: 🗆	states he is on	
Weight: 18316 Blood pressure: 49	72	Type: Splu	val desert: - MCV	
	Current	Medications (M	ofe for rowresidual	
	mount Sent	Drug	Amount Sent	
	A	5.		
2. COIRCE 100 mg BID 4		6.	· ·	
3. Tylenol 1000mg Tip 19	9	7.		
4. •		8.		
Current Medical/Dental Problems:				
ulcerative colitis, ra	persed Cohal	rosta	**************************************	
Mental Health Problems:	Mantali	Toolth Componings	: /	
1. Any current M. H. Complaints? M.	1. Pr 2. O	esent Suicidal Ideations bserved Symptoms of P	sychosis Depression Anxiety Depression	
2. Any history of Substance Abuse?		ggression []? // istory of Suicidal Behav	. / . \	
3. Any history of Treatment?	ا 4. Hi	story of Inpatient/outpa	atient treatment?	
3. Any instity of Treatment:	5. Cı	urrent Mental Health T	reatment?/\to\o	
Pending Appointments:				
Overall Comments: (i.e. – general appeara	nces & hehavior, nhvsid	cal deformities, abuse, trau	ma, etc.)	
atox3. appears as		. No obu	ua deformites	
Medical Digraphica of Offendam	noter.	· · · · · · · · · · · · · · · · · · ·		
Medical Disposition of Offender: General Population: Special Housing Unit	:: GP with MH	Referral: 🗌		
Emergency referral for MH Care:(Name of 6	QMHP notified)	Date:	Time:	
Referral for Emergency Treatment:				
Nurse Signature/Date: 5 16 6) }	Medical Handout Ori	entation Issued:	
Stainin	· U	MRSA:)	
		Dental Hygiene Hand	out Issued:	



CTIONS (DOC 711)

Effective Date. June 1, 2 ting Procedure #720.1 Attachmer

Facility: Greensville Correctional Center S-3 Offender Name: Delane Number: 374 390 George Date/Time Complaint and Treatment Signature and Title LELOY 01445 sick call el reget dassessmelt: pachet in 802 H20 BND x 180 days



CTIONS (DOC 711)

Facility:	Greensville Correctional Ce	enter S-3	
Offender Name:	Delaney	5 lorge	Number 374390
Date/Time		laint and Treatment	Signature and Title
5/19/08 223		rapfillers a pasol from ND from an d that we honor it an	der i older d
	Such Cursones Comes to	Il reghest l'affender anytime he predict for bais coin hargon har)
	Offender d bel change alright a af medica	id mettigent to ed said their I ralped ou of 5 being see	T. Wildenian
5/1400	Missif clert R op never of on low ne su	Evian- DX & U.C. Colestony 2003	
100 / SQ /	Will som so well for the ter.	Colostony 2003 in ; 8/2 MH regri- 360 X /2 mfls - 1/2 c int for Jujul cell of	olo +
	3		



Effective Date: June 1, 2007
Operating Procedure #720.2 Attachment #9

Medical Transfer Comments

<u> </u>					·		
Offender Name:	Dela	ney, Geor	al.		Number:	37439	0
Date:	5-21-(18	J	· · · · · · · · · · · · · · · · · · ·		Date of Most R	
Allergies:	NKOF				DNA:	8-29-0	7
DOB:	- ((O)			Td:	8-22-0	•
Medical C	ode:	A12			PPD:	Past (F)	ا ـ ـ م
Location C	ode:	E			CXR:		
Mental He	alth Code:	MH-O			Physical:		
Current Me	edical Probl	lems Requiring Att	ention:				
rever Chro	sed co nic c	210stomy Onstipation	91.	-i			
Current Me	dications		Amount	Current	Medications		Amount
1. mota	muci	1		6.			
2. COIC	ce			7.		·	
. Tyle	nOI			8.			
· ·	·			9.			
•				10.			
ending App	ointments,	Prosthesis on orde	er, etc.:			-	
ame: PR	rocku	XII		Signed:	6200V		
itle: LPN				Facility:	1.5	RRECTIONAL CE	NTER S-3
ione Numb	er & Ext.:	434-535-7000 EX	T 6240	, <u>, , , , , , , , , , , , , , , , , , ,</u>	.		

[00080]

Commonwealth of Virginia DEPARTMENT OF CORRECTIONS

INTERNAL TRANSFER MEDICAL CHART REVIEW

INMATE NAME	INMATE	NUMBER	DOB.
Nolone, George Received At: GRCC - SI	3743		60
Received At: GRCC - S1	Date Rece	eived:	1
	Uia	1100	-
RECEIVED FROM: () S2 () S3 () HulO () Hul	1 () Mental Health	() Work Camp
Use Intrasystem Transfer Medical R LISTED IN PPD BOOK () Yes	Ceview Form if inmale	D Date One of the ab	Results
MICELA HOLE COIL HS	moni Cono	D Date Pasker tipation	
DATE OF LAST CHRONIC CARE CLI	NIC VISIT: 5/2	8/08 B	Y() NURSE () MD
MENTAL HEALTH REFERRAL MADE	E () Yes	MH Code	0
Pending Appointments:		•	
•			
Nurse Signature: Astancey, and	,	Date of	Review:
			



Facility:	GRCC .	
Offender Name:	Delany, George First	Number: 374390
Do4e/Filmer		Signature and Title
Date/Time	KITCHEN CLEARANCE: Applywer	
3/20/08	PPD: 8/23/07 HEP A:	
	MEDICAL CODE:	, ,
	RESPIRATORY: SKIN INFECTION:	Span (i
	REDITION SECTION SECTI	779
6/21-8	Low Assidu det - cappul 1/c per a. Steplus forbig 12/201-7	1/18
1/30	her Dr. Steplus forbig 12/201-7	
	VW bospituly f.	
	Dig with x / lingles;	
	No proceeded foods, fring foods, kun	
,	(cerepielos 1 Drayes, cyplos, com fleto	2.5
	hoiles eggs , cleve, hours, neut	fulli-
	or any pub, - A	- 54
, Cr	no 6/2/08 Kofamlin 1 /1 /m	1
6/3/08	X Ray (1) hand (19pt st	4
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0	11 - No De Sara / 194	familie
	- 13 Val. 1 A tologa	
	Ing Manlinks 6/3/00	11/
Cm	- Oppender	V
		<u> </u>
• .		
,		
		

General Sick Call

	Facility: GREENSVILLE CORRECTIONAL CENTER - S1
	Inmate Name: De Carrel Colore
35	Inmate Number: 374390 Last Fired MI
148/2	Date of Report: 6 14 108 Time Seen: 1050 AM PM Circle One
Com	plaint Chief Complaint(s): Nants results of x Pay + Single Coll pass
	Onset:
Brief	History: Reports Broke Plittle firster on @ hand at Augusta
	
Obser	rvation: Vital Signs: (As Indicated) 496. 8. 57 RR: 18 B/P: 104 , 65
Examir	nation Findings: 4 rate re mapped buddy taper and Supplies
	Wen to Cont. werping of good Informed
(1)	rula be scheduled to see m.D. alart Single
Call	Il pass. White ensure. Also is lowed moment
Ordal	112 Ahrs. Maht into DOC_ 170 bs on 8/14/07.
Interv	vention: (Referral Status): +odory 178/65 maht done pu this
	Referral NOT REQUIRED (0.1.400)
(Referral REQUIRED due to the following: (Check all that apply)
	Recurrent Complaint (More than 2 visits for the same complaint)
	Other:
<u></u>	
Ç I	omment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of e appropriate care to be given.
Cł □	heck All That Apply: I Instructions to return if condition worsens,
	Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they
-	ould do as well as appropriate follow-up. YES NO (If NO then schedule patient for appropriate follow-up visits) Other:
	(Describe)
	dications given I NO I YES (If Yes List):
	□ NO □ YES (If Yes, Whom/Where):
Referral T	Type: ☐ Routine ☐ Emergent (if emergent who was contacted?):Time
x K	Small.
·	Nurses Signature Name: [00083]



Facility: Groc. S.1 Medical Offender Name: Delaney Slorge Namber: 374367 Date/Time Complaint and Treatment Signature and Title 4/16/08 Offender Informed Land Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufacture of Complaint and Treatment Signature and Title April Manufactu			
Date/Time Complaint and Treatment Signature and Title 4/16/08 Offender in favorable And Regulating Complaint Revended From Anguala Complete Interested No greature on dislocation which is a greature on dislocation when the second is a greature of the second in the	Facility: G	rcc-S-1 Medical	
Date/Time Complaint and Treatment Signature and Title 4/16/08 Offender in favorable And Regulating Complaint Revended From Anguala Complete Interested No greature on dislocation which is a greature on dislocation when the second is a greature of the second in the	Offender Name:	Delanger Horras	Number: 324667
pate/Fine Complaint and Treatment Signature and Title 4/16/08 Offen Alle in Jahren Alle Aut Mysquaults g (1) Hand releved Jim regulate Ce revealed No fractive or cliplocation, referred The fractive or cliplocation, referred The fractive or cliplocation, referred The fractive or cliplocation of the complete of the		Last First	374390
4/16/08 Offender in formel . A and reserved sign A gusto Ce revenuel . I share the served sign A gusto Ce revenuel . I share the reserved	Date/Time		Signature and Title
Wigginsetts g (1) Hand releaved Jon August Co. Reversed No Clint MD Cind Revented Valamling To grantiere on dislocation, 1980	1/16/08		1
My Cent MD Cint Revealed Hamley no gracture or dislocation, Letters	\$/12/08		wed
My Cent MD Cint Revealed Hamley no gracture or dislocation, Letters		The Diguesta CE Heart IN	10
		Man I was And Cind Read	aled 1
		De destune ou dialoca	ton Gamley
		- fulling & Carre	(elhe)
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- 1. Alfibs4, b/32/			
- 1.00684.b/23/			
- 1.00984.b/23/		/	
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- 1 MH384 b/23//			
- 1 MH84. b/23//			1
- 1. NH84. b/37/			
			5 1 A06084 b/22//

Nursing Evaluation T

General Sick Call

í

Façi	lity: Greensville correctional center - 54	
Inma	ate Name: De Mare, CTEORSE First MI	-
Inma	ate Number: 324667 374310	
Date	of Report: 7 12 1208 Time Seen: 1430 AM PM Gircle One	
	Ch (sthe die hoke	
Complair	1t Chief Complaint(s): CO CO CO COCO	
·	Onset:	
Brief History		
100	Soen by the nurse Carthus time H	<u></u>
Wel	I award his MD appt.	
Observati	on: Vital Signs: (As Indicated) T: P: RR: B/P:/	
Examination (Continue on back		****
· · · · · · · · · · · · · · · · · · ·		
Intervent	tion: (Referral Status):	
	Referral NOT REQUIRED	_
	Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint)	
-	Mother: Offender already has an appr	
		· · · · · · · · · · · · · · · · · · ·
Comm the app	ent: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or propriate care to be given.	are unsure
Instr	All That Apply: ruellons to return if condition worsens. icallon: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding do as well as appropriate follow-up. ☑ YES □ NO (If NO then schedule patient for appropriate follow-up visits)	ı what they
☐ Othe	er:	
OTC Medicati	(Describe) ions given ONO YES (If Yes List):	
Referral:	MD:	
Referral Type:	Routine Emergent (if emergent who was contacted?):	
(10/1)	Name: C Maline WD How	M
	Nurses Signature	18

SNC.

(DOC 711)

Virginia Department of C

Complaint and Treatmen

Effective Date: June 1, 2007

asing Procedure #720.1 Attachment #1

Grcc-S-1 Medical ility: Number: ffender Name: Signature and Title Complaint and Treatment 08 (C) 5th finger vray computed Revision Date: 2/23/07

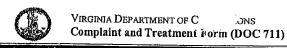


VIRGINIA DEPARTMENT G Complaint and Treatm: . orm (DOC 711)

CHONS

Effective Date: June 1, 2007 *perating Procedure #720.1 Attachment #1

Facility: Grcc-S-1 Medical Number: 374390 Offender Name: Signature and Title Complaint and Treatment Date/Time NUM Pm B -149-160 (6)3



Effective Date: June 1, 2007

Opk saing Procedure #720.1 Attachment #1

Facility: Grcc-S-1 Medical Offender Name: Number: 374390 CROWE DELANZM Date/Time Complaint and Treatment Signature and Title Revision Bates

Nursing Evaluation Tool:

General Sick Call

Facility CREENSVII LE CORRECTIONAL CENTER SA	1
admy. Shelifoville confectional deliver. St	
Inmate Name: Description (Sept.)	
Inmate Number: (3 7 4 3 4 D	
Date of Report: 8 17 2019 Time Seen: 430 AM PM orcle One	
Complaint Chief Complaint(s): Abdom/npl, Palk	•
Onset: 42) White 8 14 08 1	
Mande add clarify to down the Man	Tr.
Brief History: 1 Jeneth of Sharp Resemble Park 1000	<u> </u>
3. NOTHIN OUT WHISE STUTY, 110, MEANS	
tolplated today Tain Rating 10 on (1-10)	
Scale Istakes previous bowel obstuttion Dec	0
Observation: Vital Signs: (As Indigated) T: 98 P3 73 RR: 18 B/P: 11 S/D	,
Examination Findings: Facial gremacing, accompanied w/	
(Continue on back if necessary) hemos in any noded et 150de et vom p	H
shosis Vollow bill approx LOOml Fredweist	
on the 18 to me the control of the domine of the	<u></u>
on our s monning we do a ful not for	$\frac{1}{\alpha}$
Spagner, Tense, Rigid, My Down Johnes Rus,	$\frac{\mathcal{U}}{4}$
Intervention: (Referral Status):	
Referral NOT REQUIRED	
Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint)	
Cl. Others	
U Otner:	
Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are uns the appropriate care to be given.	ure o
Check All That Apply:	
 Instructions to return if condition worsens. Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what the 	ev
should do as well as appropriate follow-up. YES NO (If NO then schedule patient for appropriate follow-up visits)	o,
□ Other:	
(Describe) OTC Medications given □ NO □ YES (If Yes List):	
Referral: NO VYES (If Yes, Whom/Where):	
Referral Type: Routine Emergent (if emergent who was contacted?): Mystal I fime 530	0
ex / Six	
x Name: [00089]	
Nurses Signature	

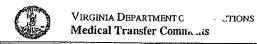


VIRGINIA DEPARTMENT (
Complaint and Treatm

⊅RRECTIONS

Form (DOC 711)

Fa	acility: (Grcc-S-1 Medical				
Oi	ffender Name: —	DE LANEY	GE OR	64_	Number:	374390
	Date/Time	Con	nnlaint and Treatment		Signa	ture and Title
	8/22/28	Con Ween	nplaint and Treatment		Jagan	4 7
	1340			A- (l-0	MA	Sol .
-	1593	10/0 000 -	herolul a Cons	wales 19	7/2	0090
1	03/70	ding 0/A	resolut & Congress & B/19/20 hospus man Consta Shal 1	legetion,		
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		B- Umio	Lobon ventur (1 GI enht? (1 Single all 2 we lumps Bis	ufogu Ferla	1776	ماس)
		Pass for BBP	/ Single all	sono_	M	
		orlin Enis	we longo Bio	x3olys	1111	
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		maring mark	2965		<u> </u>	
<u> </u>		1.700,711			/	
		D.				
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Effective Date: June 1, 2007 Operating Procedure #720.2 Attachmen/ #9

Medical Transfer Comments (Print on pink paper)

Offender Duaney, George	? ,	Number:	374390	
Date: 8-24-08			Date of Most Re	رينتا
Allergies: NKDA Phenera	an V	DNA:	8-29-07	
DOB:		Td:	8-22-07	
Medical Code: A-12		PPD:	hx 1295+A)PF	102 +x 196
Location Code: B-	······································	CXR:	1 iscreen	ng 8:24-0
Mental Health Code:		Physical:	8-22-07	
Comments:				
Current Medical Problems Requiring Att	ention:		, 1	· · · · · · · · · · · · · · · · · · ·
hx total colectomy-	due to	ulcerative coll-	HS	
Current Medications	Amount	Current Medications		Amount
1. ('D) ace 100mg	Stack	6.		
2. Metamucil smooth texture		7.		
3. Tulonol 500 ma	6400	8.		
1. Ensures	73	9.		
5.				
5. Pending Appointments, Prosthesis on order	er, etc.:	10.		
5.	er, etc.:			
5. Pending Appointments, Prosthesis on order	er, etc.:		· · · · · · · · · · · · · · · · · · ·	
5. Pending Appointments, Prosthesis on order	er, etc.:			
ending Appointments, Prosthesis on orde	er, etc.:	10.		
Pending Appointments, Prosthesis on ordered SFASHING DPIL - SCHOOL	er, etc.:	10. Signed: FMCUM		
Sending Appointments, Prosthesis on ordered SFASTING DPIF - SCAR		Signed: By (With Facility: GRCC-S-1 ME		
Pending Appointments, Prosthesis on order WASFASTING DPIL - SCHOOL Jame: B. HOLLS Sittle: LPN hone Number & Ext.: (434)535-6440 F	FAX (434)53	Signed: By (What Facility: GRCC-S-1 ME	DICAL	
Pending Appointments, Prosthesis on order WASFASTING DPIL - SCHOOL Jame: B. HOLLS Sittle: LPN hone Number & Ext.: (434)535-6440 F	FAX (434)53	Signed: By (What Facility: GRCC-S-1 ME	DICAL	
Sending Appointments, Prosthesis on ordered SFASTING DPIF - SCAR	FAX (434)53	Signed: By (What Facility: GRCC-S-1 ME		Jes()



Facility:	Grcc-S-1 Medical	• . ,
Offender Name:		Number: 374390
Date/Time	Last Pffst	Signature and Title
8-24-08@	OUN mearch for SEQ eval. No	
101	15 complaints voices -	
	DWF. 159 BP 118/93 T-98.0 P-Ldo R-18	
	No usual distress notes.	
	Deared Jor SEQ.	
8.24.08 @	1045 & Annual Screening due for this	
	year. No complaints voices.	
	BB 118/73 T- 98.6 P- 6 P-18, No	
	visual problems notes.	
	1) Annual screening completed -	,
	today. WINL. Whenther in route to	· · · · · · · · · · · · · · · · · · ·
		Chakener -
912108008	50 Spoke T. Mr. young (Supply)	
	Re enoure croter. Les	
	Mr. Young no chois has	
	been received crappion	}
	Copy of MD codel classed	
	[3100108 Jaxed to 6801 — (Smith
	V	
· · · · · · · · · · · · · · · · · · ·		

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Nursing Evaluation Tool:	Abdominal Pain-Male
	51410
Facility: Greensville Correctional Center	
Offender Name: Dolomey Coco	Q
Offender Number: 37 4390 First	
Date of Report: OP 105 1 2008 Time Seen: 1	335 AM (PM) Circle One
Complaint: Chief Complaint: Plock David	
Onset: approx 1100-1115 today	
History: Hlo ulconative Colitis, Smar B 8/18/08, 12/20/07, at April 2007	
Pain Description: Sharp Dull Crampy Burning Intermittent Constant Radiation to: Other: Description Constant Radiation to:	Location: Check Here if additional notes on bar Location: RUQ CLUQ ALQ CLQ Epigastric Diffuse
Last BM: Ar Properties Normal Constipation Diarrheax stools Color Associated symptoms: Nausea No Yes Vomiting No Yes (x S) Back pain No Yes Other:	change: ☑ No ☐ Yes:) Painful urination ☑ No ☐ Yes
Observation: Vital Signs: (If Indicated) T. コロ RR: 18	B/P: 139 / 87
General appearance: ☐ No acute distress ☐ Acute distress ☑ Unable to stand erect Skin: ☑ Warm ☐ Cool ☑ Dry ☐ Moist/clammy Skin Color: ☑ Normal ☐ Pallo Mucous Membranes: ☑ Moist ☐ Dry ABDOMINAL EXAM	Knees drawn up
Bowel sounds: ☐ Present ☐ Decreased ☐ Absent Abdomen: ☐ Soft ☐ Guarding ☐ Distended ☐ Non-Tender ☐ Tender ☐	luq
Pain induced/increased with: Walking No Yes Pain induced/increased with: Gentle abdominal palpation No Yes Additional Examination: 1000000000000000000000000000000000000	Location
	☐ Check Here if continued on back
Assessment: (Referral Status)	
Referral Not Required Referral Required due to the following: (Check all that apply)	
☐ Abnormal Vital Signs ☐ Distended/rigid abdomen ☐ Per	rsistent Nausea and/or vomiting current Complaint (More than 2 visits for the same complain
You should contact a physician or nursing supervisor if you have any question	ns about the status of the patient.
Instructions to return if condition worsens or does not improve ☐ Education on bowel elimination ☐ Education on Lifestyle Modification ☐ Education: The patient demonstrates an understanding of the nature of the which they should seek additional medical attention. (Persistent vomiting, significantly abdominal pain, fever.) as well as appropriate follow-up. ☐ YES ☐ NO (If I visits) ☐ OTC Meds given:	nificant weakness, signs of dehydration, worsening NO then schedule patient for appropriate follow-up
MD: Referral: ☐ NO ☐ YEŞ (If Yes, Whom/Where):	
Referral Type: Furgent & Emergent (if emergent who was contacted?):	ne Time 1345
Name:	MANLALA
Nurses Signature (Name: Printed	Phone



Effective Date: June 1, 2007
Operating Procedure #720.1 Attachment #1

[00094]

Facility:	POWHATAN CORRECTIONAL CEN	TER	
Offender Name:	Delaney Last	George	Number: 374370
Date/Time	, 200		Signature and Title
	New Infake meds		
BO-8-01	Ensure & POTIDX	200	
			- Inlik
	Colace 100mg ii 1	- aps 10 ag 1 ag 1	+ 1 60 dwy
	Motrin 800mg PO	1 Pach Vida	
	Metamoch one pac	X 10 DIVA PARTS	21
	Vicoden i - it tabe		- THEODIE - M
		3000	DTE 19/9/8
		/	
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VIRGINIA DEPARTMENT OF Co. Intrasystem Transfer Medic.

iew, DOC 726-B

Effective Date: January 1, 2008 rating Procedure #720.2 Attachment #4

Offender Name	Offender Name Offender Number		Number	Date		
Delaney Georg		スフィ	1390	10-8-68		
Received At	•	Receive	d From	Allergies		
PCC		ም ጠ	U	7) en er 320 Mental Health Eode		
Medical Code		Locatio	n Code		Mental Health Code	
1-12		B-1			\mathcal{O}	
Last PPD (Date and Resul	ts)	Date of last Teta	nus Diphtheria		DNA Drawn	
paskt		%- ଅଅ-	07	No: Yes: Date: 8-39-07		
Vital	Signs			Specia	l Diet	
Temperature: 978 Pulse:		oiration: 18	Yes: No: 🗌			
Weight: 169 Blood pressure				sidue	Date: <u>10 -08 -08</u>	
		Current M	edications		-	
Drug		Amount Sent	Drug		Amount Sent	
1. Coloce	65		5.			
2. Motrin	Ø		7.			
4. Mefamuce	ø		8.			
II/e (allioc)	<u>yo</u>		<u> </u>			
Current Medical/Dental P	roblems:					
		Small towe)	antroledo	adbes	516 14.515	
Mental Health Problems: Mental Health Screening: 1. Any current M. H. Complaints? ?†denics 1. Present Suicidal Ideations? # denics 1. Present Suicidal Ideations? # denics						
1. Any current M. H. Compl	aints? 1+8 4	20165 1. Press 2. Obse	ent Suicidal Ideations? erved Symptoms of Psy	chosis 🔲 o	Depression Anxiety L	
2 Any history of Substance	A lacound	Aggr	ression 🔲 ? PA &enics ory of Suicidal Behavior	ro Otaleni	enies Plalenies	
4. Hist		4. Histo	ory of Inpatient/outpati	ent treatmen	it? Phalenics	
	, 	5. Curr	ent Mental Health Tre	atment? 144	renies	
Pending Appointments:						
Overall Comments: (i.e ger	lone	nces & behavior, physical (deformities, abuse, traum	ı, etc.)		
o , o , that o o military (inter go	ice at appear	and the state of t		, ,		
General oppe	10016	e WAL				
Medical Disposition of Officeneral Population: Special E	ender: Iousing Unit	: GP with MH Re	ferral: 🗌			
Emergency referral for MH Care:	(Name of	QMHP notified)	Date:		Time:	
Referral for Emergency Treatment						
Nurse Signature/Date:			Medical Handout Ori	ientation Issu	ued:	
Adlagara all	0 - 0	- 0	Dental Hygiene Handout Issued:			
1 WR ODORALED	しくのない	08	<u></u>			



Facility:	POWHATAN CORRECTIONAL CENTER	
Offender Name:	Delaney Ocyc	Number: 374390
D-4-Mimo	Complaint and Treatment	Signature and Title
Date/Time	TO A SHELL	
10/14/08	/ (astrong)	
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	Add Die	/1407
	PON 190 days	
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	Jelenn Store was	rech .
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	1 2 Con 1 100 W-1	
	1 1 Mest (CAPIZ)	
	1 1/2 1/2 / CTUS X3	
	Forseen Sur	
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	17 Dec NW 10-14-08	92.
1	17.16	1
<u> </u>	MO order	
	- MO>C	
V	Schedule pt for funit 6-6	I weeks
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Section of the sectio	om Km 10-17-05 1833	1, 11,
Contraction		for \$1 5 at [00096].
, †		1 apgr M



Facility:	POWHATAN CORRECTIONAL CENTER	
Offender Name:	Delaney George Lasi First	Number: 374 390
Date/Time	Complaint and Treatment	Signature and Title
10-14-08 24	8m 5: 12 5 48 40 AD	- redivery
110/10	ElD wer & edlering	Review
73		12/2/1
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One	o. De in	- Thomas de
11.0	Heat - Mochin	ford Dig 1
B) 1431 - a	agument	District ;
but 24 For	Cycline HR 5-	
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7 / 1// 20		
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1 1	Cal. t	
1110/10	2/ SID 1956 of Adherman	aparend
<i>P</i>	58U	
	B) Fecal Dreatwer	- Adult Ouper
	P. 2) I have the for	- Susterell Per
	Co GI For	
<u> </u>	1 Contra Color	No 4967
<i>j.</i>		Dit
· · · · · · · · · · · · · · · · · · ·	(Catrod	Sport to the
: 		
		[00097]



Facility: POW	HATAN CORRECTIONAL CENTER		
	Delaney George	Number:	374390
Olicinos Liamos	Delaney George		
Date/Time	Complaint and Treatment	Signa	ture and Title
	C- I/m to medicine & Complaints of	1	
11370 ex 43/11	Similling in Neethin I/m Studes		
	"alt Started 4 days ago" I/m Startes		
	In Sucortesus Superstry they She	e	
	at agovern werked		
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	Mates Jain a 10 out of 10		
(D- Oak My to order Suggesting for	00	d (ma)
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4/5/58	These HC Supp -25) The grant grant X 60 noted 11/6/08 2040 For X 60	VAL T	. 1
2.30	Insert g 12 from X 60	1 There	
	noted 11/6/88 2040/2000	Carried !	
		1//	
		1.6)
11-13-08 6 pm	I'm no-show NSC	Mi	jun
11/19/02 11-45	Med Revenul:	+	XI80L
	D Calone 100 mg po 2 cups daly		XMY X60
	(3) Mothin 200 00 91113 1.6	gan ?	X 980 4 K60
	(3) Tylene 500 x , po 510	+ /	(180 L
	@ ENSURE = po til	1/	X180 L)
	(5) Mesomace T pack BID	1/,	New 2
11/19/08	Br Survedu FNP	V h	
Mainden	(1) it renewing Vicoden reed		
7	to 0/c Tylenol et consider	1 \$	Les GOP
1	ace tamingher toxicity - 1	- Jaare	dia FNP
			112/113/100
	noted to lead	(00)	Mario OSO
	•	_	00098 1



Facility:	POWHATAN CORRECTIONAL CENTER	
Offender Name:	Detareix George	Number: 374390
	Last First)	
Date/Time	Complaint and Treatment	Signature and Title
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1 100	Unicolar 2017	10
Morey	SOME GLORES PRO X 30	
25000	1 On Ond	
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1 10	SPOOL	
11/26/08 095	5 C. Ilm to NSC to receive	
	Ritchen Physical	·
	0 bo/70-82-18-979 Wt: 164	
	TB Derening Completed an	
	placed in Chart	
	p. I'm nat approved for	
	Kitchen work due to becal	h
	aucontenence 1	. Church Ger
12/3/08 0945		
T. 97.4	MDSC	Colace 100 mggs
P 77		Metamucil bid
R. 14	S) Pt c/p constration on Vicide	7.
BP 110/64	He takes it for PT for his	
02 99 %	forger. He c/o beryremable	40
W+#168	light some foods like	
	pancakes and is besting for a di forder. It failed totaken phy and wants to know why Clo	et
	order. It failed bitchen phis	sical
	and wants to know why Clo	FBsensath
	in the abdomen	
	O) In MD	
	Lungs: At Heart: S. Se	
-	Afd: large scar, a staple?	s palpated
	BSt, mild, M, D	s, Spotudry
	BSt, mild, M, D	''/
		[00099]



Facility:	POW	HATAN CORREC	CTIONAL CEN	NTER			
Offender Name:	2	laney		George Firs		Number: 374390	
		elaney Masi			t	Cimature and Title	
Date/Time		0	Complaint ar	id Treatment	1 1	Signature and Title	
	,	$\left(\begin{array}{c} A \end{array} \right)$	5/D Cot	Cectorny	1 8651	water	
		/ 1 /		<i>''</i>			_
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			J	3		;	
		D) ale)	Duleal	ex T TX	12 POG	d X100 d.	
		P) nake)	Val.	$\frac{e\chi}{\Lambda}$	Daslad	2° to colectory	
		2)	Kitchen	physical.	rusua	7	-4
		hand	ling fece	トラールハル	$ \omega$	lietician.	
		3),	Sile	dule 1		mencian.	
		to	rew	the o	liet.		
					Low	DHB	
			MI	2 10	11 -100	/	
			Hu	12	-4-08	1300	
12/16/08 6	8	100 - Show	o NSC) K	I. Delau	
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37.00							
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			No. of Street, or other Parks				
				The work of the same of the sa			
		 		P. St. Call Post Read of the Control			
					San Land		
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						[00100]	